

STATEMENT OF ECONOMIC INTERESTS

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BY: FE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wieckowski Robert Anthony

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010. ☐ Leaving Office: Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010. ☐ The period covered is January 1, 2010, through the date of leaving office.
☐ Assuming Office: Date ____/____/____ ☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- ☒ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/25/11
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Wieckowski

► NAME OF BUSINESS ENTITY
Crusader, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Management Group

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Member
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

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(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
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► NAME OF BUSINESS ENTITY

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☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
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(Describe)
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☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robert Wieckowski</u>

▶ 1. BUSINESS ENTITY OR TRUST

Law Offices of Robert A. Wieckowski, APC
Name
39510 Paseo Padre Pkwy, Ste. 220 Fremont, CA.94538
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Law Corporation

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10 ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Legal Corp.
Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Martha G. Bronitsky - Chapter 13 Trustee

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10 ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10 ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10 ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Wieckowski

► NAME OF SOURCE

Urban Village Farmers Market

ADDRESS (Business Address Acceptable)

39120 Argonaut Way #700 Fremont, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Farmers Market

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 10	\$ 130.00	2-Warrior State Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Robert S. Townsend

ADDRESS (Business Address Acceptable)

6024 Manchester, Oakland, CA 94618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 02 / 10	\$ 75.00	1-Warrior State Ticket
11 / 28 / 10	\$ 76.00	1-Oakland Raider Tkt
/ /	\$	

► NAME OF SOURCE

Chukchansi Economic Development Authority

ADDRESS (Business Address Acceptable)

46575 Road 417, Blg. C, Coursegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 10	\$ 64.54	Dinner/Concert tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Harrison Accounting Group

ADDRESS (Business Address Acceptable)

37272 Maple St. Fremont, CA 94536

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Accounting Officer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 29 / 10	\$ 150.00	golf tournament/Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Fremont Chamber of Commerce

ADDRESS (Business Address Acceptable)

39488 Stevenson Place, # 100 Fremont, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 10	\$ 200.00	4-Tkts to Art Festival
/ /	\$	
/ /	\$	

► NAME OF SOURCE

University of California Berkeley

ADDRESS (Business Address Acceptable)

2130 Center St. 2nd Floor Berkeley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education Institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 10	\$ 55.00	Cal football Game/Tkt
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

Name

Robert Wieckowski

► NAME OF SOURCE

DirectTV, Inc

ADDRESS (Business Address Acceptable)

400 Capitol Mall # 3000, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 07 / 10	\$ 192.00	4-S.F. Giants Tkts
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Dreyer, Babich, Buccola

ADDRESS (Business Address Acceptable)

20 Bicentennial Circle, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 20 / 10	\$ 125.00	Installation Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Silicon Valley Chinse Computer Commerce Assoc.

ADDRESS (Business Address Acceptable)

P.O. Box 610236, Fremont, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 10	\$ 50.00	Installation Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Beth Booth

ADDRESS (Business Address Acceptable)

1268 Casa Marcia Place Fremont, CA 94539

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Artist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 10	\$ 400.00	4-district paintings
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

John A. Perez for Assembly

ADDRESS (Business Address Acceptable)

777 So.Figueroa St.Ste. 4050 LosAngeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 10	\$ 110.00	Leather portfolio
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Roll International Corporation

ADDRESS (Business Address Acceptable)

11444 West Olympic Blvd. Los Angeles CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 27 / 10	\$ 12.00	Holiday/gift box
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robert Wieckowski</u>

- **Reminder** – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>▶ NAME OF SOURCE <u>TechNet California</u></p> <p>ADDRESS (Business Address Acceptable) <u>855 El Camino Real, Ste. 250</u></p> <p>CITY AND STATE <u>Palo Alto, CA 94301</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>12 / 13 / 10</u> - <u>12 / 14 / 10</u> AMT: \$ <u>560.04</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Meals/Lodging in connection with speech.</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____